

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

6/12/6

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1				1	
2	1				1	
3	1				1	
4	1				1	
5	1				1	
6	1				1	
7	1				1	
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50						
TOTAL IND.	9				6	
TOTAL DEP.	75				57	
TOTAL CLAIMS	84				63	

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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